

Project Name:

STATE OF MONTANA

DEPARTMENT OF ADMINISTRATION

ARCHITECTURE AND ENGINEERING DIVISION

1520 East Sixth Avenue ◆ P.O. Box 200103 ◆ Helena, Montana 59620.0103 Phone: 406.444.3104 ◆ Fax: 406.444.3399

A&E #:

CERTIFICATE OF SUBSTANTIAL COMPLETION

Location:			
То:	MONTANA DEPARTMENT O ARCHITECTURE AND ENGI P.O. BOX 200103		
Architect:	HELENA, MT 59620-0103	Data	of Issuance:
Arcintect.	Date of Issuance.		
Contractor:		Contract Date: Contract For:	
PROJECT OR DESIG	GNATED PORTION SHALL INCLU	DE:	
Project or portion the		l and found to be substantially complete. The E he date of commencement of applicable warran	
The Date of Substant complete, in accordan		ated portion thereof is the Date certified by the and the Owner can occupy or utilize the Work or destats.	
include any items on	such list does not alter the responsibil	e Contractor and verified and amended by the A ity of the Contractor to complete all the Work in attached list will be the date of final payment ur	n accordance with the Contract Documents.
Architect		By	Date
The Contractor will c Completion.	omplete or correct the Work on the lis	st of items attached hereto within days from	om the above Date of Substantial
Contractor		Ву	Date
The Owner accepts the	ne Work or designated portion thereof(date).	as substantially complete and will assume full p	possession thereof at (time)
	Department of Administration, Engineering Division		
Owner	<i>G</i> *** G ********	By	Date
		curity, maintenance, heat, utilities, damage to the	

surety company, if any.)